

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/803,014
Filing Date	03-17-2004
First Named Inventor	Boon-Lock YEO and Joan L. MITCHELL
Title	Multi-Spectral Image Compression with Bounded Loss
Art Unit	2625
Examiner Name	
Attorney Docket Number	IBMI-05-171A-2

I hereby revoke all previous powers of attorney given in the above-identified application.

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36872

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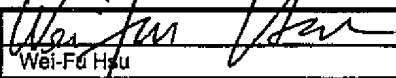
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	4/3/06
Name	Wei-Fu Hsu	Telephone	(011) 886-3-567-0766
Title and Company	General Counsel		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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